

State of Michigan

Vocational Rehabilitation Providers' Guidelines

The following represents the updated guidelines to assure the most effective use of rehabilitation services. This is not an agreement/contract between your agency/company and the State of Michigan or Citizens Management Inc (CMI). The State of Michigan, Employee Health Management (EHM) or CMI reserves the right to terminate any assignment(s) with a verbal notice.

Vocational rehabilitation service providers are expected to adhere to all standards and ethical guidelines applicable to their professional discipline and those guidelines set forth by the Department of Labor and Economic Growth (DLEG), Workers' Compensation Agency (WCA).

State of Michigan

VOCATIONAL REHABILITATION PROVIDERS' GUIDELINES

Vocational rehabilitation is composed of numerous activities leading to the goal of returning the injured/ill individual to productive employment. Vocational rehabilitation encompasses such services as counseling, job analysis, placement, labor market surveys, transferable skills analysis, job seeking skills training and vocational testing. The type of services selected will be dependent upon each individual case based on needs and limitations, as well as strengths.

REFERRALS:

The Vocational Rehabilitation (Voc Rehab) Provider is to contact the CMI claims adjuster prior to beginning work on the assigned file.

Timeliness:

- A case referral must be acknowledged within five days of receipt.
- An initial evaluation report must be submitted within 30 days of referral.
- A progress report must be submitted every 30 days, unless special arrangements have been made with either the CMI Claims Adjuster or the EHM Disability Manager.

INITIAL VOCATIONAL EVALUATION:

The purpose of this evaluation is to assess the appropriateness of the claimant for voc rehab services. This evaluation should include the following components: (If any of the following are considered additional chargeable services, then, pre-authorization by CMI or EHM would be needed.)

- A direct, face-to-face interview with the client.
- A thorough medical and psychosocial history.
- A vocational history including job duties, worker traits, wages earned and reason for leaving.
- An educational history, both formal and informal.
- An informal assessment of transferable skills.
- An assessment of the client's interests and aptitudes.
 - 1) Administration of any additional testing, if needed, will need to be pre-authorized by the CMI claims adjuster.

- An assessment of the client's level of understanding and expectations related to the diagnosis, prognosis and treatment options.
- Information regarding transportation needs and available family support.
- The specialist's observations and impressions.
- A summary of the data with emphasis on the client's assets and limitations, with specific recommendations.
- Documentation that contact was made with the Department Case Manager to let them know you are opening a file on their employee.

WRITTEN VOCATIONAL REHABILITATION PLANS:

Rehabilitation plans are required for all employees. These are to be submitted to the CMI claims representative within 90 days of the initial assessment. The following elements must be included in the Vocational Rehabilitation plan:

- The specific job goal and rationale including services necessary to obtain the job goal, along with who will provide the services and any costs involved.
- The responsibilities of all parties stated clearly.
- Clearly stated goals with both short and long-term objectives and estimated time frames for completion.
- Signature of the client and the specialist.

Additional information regarding vocational rehabilitation plans specifically for Workers' Compensation claimants can be found on the DLEG, WCA web page at <http://www.michigan.gov/wca>.

EDUCATION AND SHORT-TERM TRAINING PROGRAMS:

Approval from the CMI Claims Adjuster or EHM Disability Manager must be obtained for any services beyond those authorized at the time of referral. Neither CMI nor EHM will be responsible for any services that were not specifically agreed upon in advance.

The following steps must be taken prior to starting short-term vocational training or educational programs:

- Through appropriate testing/assessments confirm the client has the necessary entry-level skills and physical capabilities to be successful in the vocational training or educational program.
- Conduct labor market research prior to the start of the vocational training or educational program to support decision.
- Check that the vocational training or educational program is accredited.

- Verify with the CMI claims adjuster that either the Department Case Manager, or the EHM Disability Manager has given approval for a vocational training or education program.
- Have client complete any remedial course work or accommodations before formal course work begins.
- Monitor client's performance in training and keep the CMI claims representative or the EHM Disability Manager informed of any problems as they arise.
- At the completion of the vocational training or educational program the voc rehab provider may be asked to assist the client with job placement.

REPORTING:

- Reports must be brief and non-repetitive. They must reflect the action taken and the actions planned with documented rationale.
- Unless specifically requested, there will be no duplication of medical reports.
- The vendor must comply with local state laws regarding reporting and copying (billing).
- Report findings must be based on facts and observations, not on opinions that cannot be substantiated (be objective).
- Contain a synopsis of what activities have taken place since the last report.
- Report current medical and emotional status of the claimant, along with any medications that are on-going.
- Progress reports should be numbered sequentially following the initial evaluation report and specifically address issues developed in the last 30-day period.
- Report must contain recommendations for further action with specific time frames and cost projected for implementation.
- Report progress toward the stated objectives in the written rehabilitation plan.
- Reports must include employer contact documentation, i.e., date of contact, contact person, telephone number, company or department name, address, and outcome of contact.
- State any changes in the written rehabilitation plan objectives and/or services that will require a plan amendment with appropriate signatures along with a rationale for the changes.
- Reports must contain the telephone number of the counselor and length of time that the file has been opened. It must also include the current cost to date.
- Monthly management reports must be provided to the CMI medical management consultant.

Information to be included in the monthly report:

- claimant name,
- claim number,
- person assigned to file,
- brief comment regarding current status of file,
- date of referral,
- current cost to date,
- projected closure date, and
- reason for closure.

VOC REHAB PROVIDER EXPECTATIONS:

Both CMI and EHM expect a pro-rating of placement activities within similar geographic areas and/or job goals. If job development includes meeting with claimant and employer contacts, it is expected that the voc rehab provider will coordinate and pro-rate visits in the same geographical area. Otherwise, use telephonic job development.

Meet face-to-face with the claimant to discuss feasible job goals which are within the claimant's residual functional capacity and which will utilize the claimant's prior skill, work knowledge, and abilities.

Job seeking skills preparation to include: resume writing, cover letter, appropriate presentation of disability, and interviewing techniques. Most, if not all, of these services will be offered at the local Michigan Works! office.

Documentation of Cooperation: Both CMI and EHM require that the counselor facilitate the claimant's full participation in the placement process. All objective incidents of lack of full cooperation must be documented. These incidents can include: missed appointments, failure to meet responsibilities outlined in the placement plan, sabotaged interviews, direct claimant statements, and/or unusual incidents/behaviors observed directly by the voc rehab provider.

At 90 days after referral or a dollar amount of \$1,500 cost to date, re-evaluate feasibility of placement and discuss with either CMI claims adjuster or EHM Disability Manager the benefits of continued job development and rehabilitation services.

Phone contacts to employers must be billed at the rate incurred, not at a flat rate per call. Phone tolls are reimbursable as outlined in the general billing guidelines. If extended, document and report to support additional costs. No charge for calls to either the CMI claims adjuster or the EHM Disability Manager for time or phone charges.

TERMINATION OF REHABILITATION SERVICES:

Case closures should occur when:

- There is a successful return-to-work of the claimant or other rehabilitation goals have been achieved.
- Medical, behavioral or vocational data indicate non-feasibility for successful rehabilitation.
- Administrative terminations take place, including case settlement.
- Continued case involvement could compromise professional/ethical standard of practice.

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